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NURSING AND DIETARY MANAGEMENT IN A UNIT FOR THE STUDY OF NUTRITIONAL DISORDERS

BY J. G. DILWORTH, R.N.

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"In these days when housewives speak in terms of calories and the daily papers deal with vitamins, it may be well for clinicians to examine once more the fundamental principles of nutrition. Patients no longer demand medicines, they do expect diets, and if they are at all up to date with literature, they are better informed on the subject than were the text books which most of us studied in the medical schools."

These sentences taken from an address delivered before the Boston Medical Association by Dr. Eugene F. DuBois, indicate a new movement and sound the call to action for both the medical and nursing professions. The wave of progress in scientific research during recent years has made a deep impression on all questions relating to metabolism, and in consequence, the science of feeding has made rapid advances. The old stereotyped diet list has disappeared from the bulletins of the best hospitals and special lists based on metabolic requirements are made for each type of case under study.

In order to accomplish this work it was necessary to add to the professional staff a thoroughly trained woman,—the hospital dietitian. It is impossible for the physician to attend personally to the details of medicine, treatment, diet, and general nursing care of his patients. He must be able to write his prescriptions for the dietitian as clearly and as concisely as for the pharmacist, the nurse, the masseur,—and to feel as confident that these instructions will be followed accurately and with as much satisfaction to the patient as to himself.

The selection and preparation of food require an enormous amount of reliable work, entirely impossible unless the dietitian has a broad knowledge of the composition of food materials, their suitability in specific diseases, the best methods of serving that there may result the least possible strain upon the digestive organs. One must also know the fundamentals of physics and chemistry, of biology and bacteriology, of the more elementary medical studies, in order to understand the diagnosis, prepare a suitable diet, and follow the progress of the case as manifested not only by physical conditions but by the laboratory findings. Aside from the technical training, the

dietitian to be successful must possess adaptability, initiative, tact, enthusiasm and the power to do,—in short, she must be one who can “make things go.”

In the larger hospitals, where a research laboratory gives the metabolic work a special significance, it has been found more satisfactory to establish a completely equipped diet kitchen under the supervision of a person having the training of a nurse and of a dietitian, thus centering the responsibility for the administration of diet, the collection of excreta, and the nursing care of the patient, thereby making the triad,—the medical director, the biological chemist, and the nursing staff,—a unit for study of nutritional disorders. The new hospitals have built departments to meet this need; in the older buildings, we meet the requirements by setting aside a part of other departments or floors as necessary, to meet the demands of our work.

When it was decided to undertake the metabolic work at the Clifton Springs Sanitarium, the following changes were made: A number of rooms on the fourth floor were placed at the disposal of the medical director of the unit; two of these were thrown into one to form the diet kitchen; an adjacent room was equipped as an office for the nurses, a class room for the patients, as a laboratory where patients become familiar with the required tests, and where doctors and nurses may do emergency work.

The nursing and dietary care of the patients was placed in the hands of a graduate nurse who had had special training in metabolic work. She was given an assistant, a nurse with metabolic training, in order that neither side of the work might ever be left without supervision. The nurses from the training school are sent to the department and given a six weeks' course as part of their dietary training. This time, although short, gives them a fairly good insight into the work, and if they wish to go further they are permitted to return either before or after graduation.

The medical director gives his orders for the diets in grams of protein, fat and carbohydrate, after he has examined the reports of the laboratory findings on the blood and the excreta of the patient for the previous twenty-four hours. The nurse translates these figures into actual food materials, prepares the food, serves it, and is responsible for the final record of the actual intake.

Before attempting to plan a diet list, the nurse must know the diagnosis, the severity of the disease, the special point under investigation. These things she learns from the doctor. She must then meet the patient and learn from this interview his likes and dislikes, note the things he thinks he can eat and the things he thinks he cannot

eat, explain the ends for which the doctor is striving and show the patient the importance of his coöperation. It may be some time before the diet can be what either nurse or patient desires but, except in a very few instances, the patient is willing to forego his own wishes and take what a considerate doctor and nurse give, when he realizes why things are as they are. In no instance is it necessary to force a patient to take food which is really distasteful to him,—substitutes can always be provided. Variation of the menu is difficult, but many changes can be made, and it is surprising how well satisfied the patient usually becomes when he is permitted even the limited variety.

The patient's education is an important part of the work. The medical director meets his patients in the class room as often as he thinks necessary, explaining to them the fundamentals of the etiology and pathology, and the general principles of the treatment of metabolic disturbances. Aside from their scientific value, these lectures form a social basis and a sympathetic bond between the professional staff and the patients, and among the patients themselves.

We have long since given up the plan of isolating patients who must be put on limited diets. Unless our work is for the ultimate good, not the immediate end, it can be of little value, and the patient must realize this as deeply as we do. Under no conditions do the knowledge of the patient, his self-control, discretion, honesty, and courage, count for so much as in the prolonged continuance of dietary restrictions. The fidelity of the patient, coupled with the knowledge gleaned from his own or from the indiscretions of his fellow sufferers, that each lapse brings its immediate deprivations, usually assures us a high standard of conduct.

The nurse must train the patient as she has been trained,—to know the classification of foods, their uses in the body, the food materials supplied by the most commonly used food substances, and how to arrange and total a diet prescribed in grams of protein, fat, and carbohydrate. In this way, and in this way only, can a patient understand to his own satisfaction and that of the physician, the language of the physician and that of the current literature. Under no other conditions can he be permitted with safety the variations in diet that mean so much to his future pleasure and well-being.

For the convenience of nurses and patients we use an especially arranged booklet in which the most frequently used food substances are arranged alphabetically under their class headings,—values for 100 gram portions being given according to Bulletin 29, "The Chemical Composition of American Food Materials," by Atwater and Bryant. Nurses who calculate many diets find it convenient to use both the slide rule and the adding machine, but while we are training

nurses and patients we find it well to have them use the longer methods. The spring balance scale with movable dial, and the well known steam cooker in which few or many compartments may be used at one time, the steam table, the dish washing machine, and various other labor saving devices, are provided in the well equipped kitchen.

A special diet sheet has been provided on which the nurse and patient keep a record of the weight of food served at each meal and make the calculation of its value in grams of protein, fat, and carbohydrate, and the total calories. These sheets, aside from their value at the time, form an asset to the literature that the patient wishes to take with him upon his discharge from the hospital.

A combination diet and laboratory chart is also kept, in order that the relationship between the intake and the laboratory findings may be evident at a glance. On this is recorded the food intake in protein, fat and carbohydrate and the total caloric value of the amount for the twenty-four hours, the total fluid ingested, the amount of sodium chloride used, and under the general heading "Remarks," any other record that may be necessary to present a clear picture of the dietary treatment. The urinalysis of the twenty-four hour specimen shows the total amount, the specific gravity, the reaction to litmus, the albumin, acetone, diacetic acid, ammonia and sugar. Microscopic examinations are recorded twice each week unless otherwise indicated. Blood chemistry is done as frequently as necessary to the best interests of the case, and a record is made of the sugar, fat, plasma bicarbonate, urea nitrogen, non-protein nitrogen, uric acid, creatinine, creatin, cholesterol and acetone content.

Nurses who have not had their laboratory training, and all the patients treated, are taught to test urine for sugar, acetone and albumin, and are made to understand the fundamentals of their summary chart. Patients are given very definite instructions as to what must be done should special conditions arise.

In addition to the practical training, each diabetic patient is requested to study Dr. Joslin's Diabetic Manual. This book, the class room work, and the individual instruction, assure the patient a comprehensive knowledge of his condition and enable him in a large measure to work out his own salvation.

Our work has lead us to believe that with a staff, each member of which understands the nature of the problem, metabolic disorders can be treated most satisfactorily.

We feel that the education of the patient to as exact a knowledge of his condition as is possible, leads to the best results. In our treatment we have put more emphasis on his education than on such an

exact scientific study of the case as would be possible only if the patient were isolated, as we feel that the greatest good to the patient and to the community can be attained in this way.

HOW TO PLAN FOR A CONVENTION

BY JANE VAN DE VREDE, R.N.

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The following is a resumé of the work done by the Committee on Arrangements in preparation for the convention of the American Nurses' Association, held in Atlanta in April, 1920.

The committee consisted of a chairman and four members, one of whom acted as secretary, and one as treasurer.

Sub-committees were appointed as follows:

I. *Publicity.*—This sub-committee was composed of the chairman and one member from each of the leading newspapers, the Chamber of Commerce, the Convention Bureau, and the Hotel Men's Association.

This committee elected one man as clearing reporter for all leading papers. At the convention, one member was appointed from each association to meet daily the chairman of the Publicity Committee and this joint representation, so all papers had the same staff, the same time. The secretary of each state association, all nursing magazines, the Chamber of Commerce and hotels were provided with special stationery and sticker stamps. All traveling men were notified of the convention and were asked to stay away from Atlanta that week. A special bulletin, "In Atlanta This Week," was published. During the week preceding the convention, all ministers were written to and asked to hold a special service for nurses on the Sunday during the convention.

II. *Information Bureau and Supply Committee.*—This sub-committee consisted of a chairman and four assistants. Its duties were (1), to secure desks, blackboards and supplies needed at the Bureau of Information; (2) to arrange details for giving information during the convention; (3) to care for lost and found articles; (4) to arrange the time for the personnel of the bureau to be on duty, keeping a sufficient number to do the work at all times; (5) to receive and deliver messages; (6) to care for visitors' mail; (7) to secure and distribute all supplies needed by other committees on written requisition of the chairmen of committees; (8) to return all borrowed articles at the close of the convention.